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Examiner Name

(to be used for all correspondence after initial filing)

Signature

Typed or printed name

Consuelo Henry

Total Number of Pages In This Submission Attorney Docket Number 54039-400200											
ENCLOSURES (Check all that apply)											
Fee Tran	nsmittal Form	Drawing(s)			After Allowance Communication to TC						
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addres Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 1) Recordation of Assignment 2) Combined Declaration & Power of Attorney 3) Copy of foreign references							
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Date	February 21, 2007		Reg. No.	35,567							
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FEB 2 6 2007 For FY 2007				Complete If Known							
				Application Number	10/599,	897					
				Filing Date	October	October 12, 2006					
				First Named Inventor	lan Hug	h GODFRE	Υ				
				Examiner Name							
Applicant claims small entity status. See 37 CFR 1.27				Art Unit							
TOTAL AMOUNT OF PAYMENT (\$)170.00				Attorney Docket No.	54039-4	54039-400200					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP											
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FEE CALCULAT	TION										
1. BASIC FILING		EXAMINATION F									
				CH FEES Small Entity	EXAMINA	TION FEES Small Entity					
Application Type	pe Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLA	IM FEES					<u>s</u>	mall Entity				
Fee Description	10 (imaldi P '	aaa)				Fee (\$)	<u>Fee (\$)</u>				
Each claim over 2 Each independent		ssues) cluding Reissues)				50 200	25 100				
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Total Claims	Extra CI		<u>Fees</u>	s Paid (\$)			endent Claims				
	or HP =	X	_=_			<u>Fee (\$)</u>	Fee Paid (\$)				
HP = highest number of Indep. Claims	t total claims paid for, Extra Cl		Fees	s Paid (\$)							
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HP = highest number of	f independent claims	paid for, if greater than	3	01 FC:1617		138	:.00 DP				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
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4. OTHER FEE(S Non-English	Fee Paid (\$)										
Other (e.g., la		170.00									
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